

Remarks

Claims 1-21 are pending in the present application. The indication that claims 13, 14, and 21 are directed to allowable subject matter is greatly appreciated.

Claims 1-12 and 15-20 stand rejected under 35 USC § 102(b) as being anticipated by Beigel et al. (US Patent Publication Number 2003/0174049A1).

The Present Application

By way of a non-limiting example, the present application is directed to tracking equipment and personnel in hospitals and other medical facilities. See, page 1, lines 4-5. More particularly, the present application discloses a tracking system with reference to FIGURE 1, which shows a diagrammatic block diagram of the system, and with reference to FIGURE 2, which illustrates example components of the medical facility network, example wireless network devices, and example local wireless devices. The hospital network includes a local area network **10** that wirelessly communicates with wireless network devices **12, 14, 16, 18**. For example, as shown in FIGURE 2, the wireless network devices may include a vital signs monitoring station **12**, a intravenous (IV) injection flow controller **14**, a patients' monitor at a nurses' station **16**, a vital signs transducer **18** carried by an ambulating patient, and so forth. The illustrated wireless network devices **12, 14, 16, 18** are examples, and other devices can be similarly wirelessly connected with the local area network **10**. See, page 3, lines 17-26.

With continuing reference to FIGURES 1 and 2, not all wireless devices are network devices connected with the medical facility network **10**. For example, local wireless devices **50, 51, 52** may include local wireless capability that is not compatible with the 802.11 wireless protocol or other wireless network protocol employed by the medical facility network **10**. See, page 5, lines 19-23. To locate these non-network local wireless devices **50, 51, 52**, the network devices **12, 14, 16, 18**, and optionally also other non-network local wireless devices, can be used. See, page 6, lines 20-21. When nearby network devices **12, 14, 16** detect local wireless devices **50, 51, 52**, they can communicate information about the detected local wireless devices to a derived positions manager **60**. See, page 7, line 31 – page 8, line 1.

The Beigel et al. Reference

Beigel et al. is directed to wireless communication devices whose functions may be controlled by a local wireless system such as a Bluetooth wireless network and more particularly, to an identification appliance that can communicate wirelessly with a Bluetooth wireless network. See, Beigel et al., [0001]. More specifically, Beigel et al. discloses an improved identification appliance 100 that is adapted to interact with a local wireless communication network 10 such as a Bluetooth network. . . . The identification appliance 100 may take various forms, such as a wristband, bracelet, patch, headband, necklace, belt, card, sticker, or other wearable appliance, which for the sake of convenience, are collectively referred to as a "wristband" or as a "identification appliance". . . . The identification appliance 100 has a communication circuit 32, preferably a radio frequency device, which may communicate, one-way or two-way, over a wireless communication network 10 with other devices such as an information host 18. See, Beigel et al., [0021]. With reference to FIG. 5, Beigel et al. discloses an example of using a system of multiple master nodes for zone location. This particular example puts a system having multiple master nodes in a hospital area 200. M number of master nodes 180, 186, 190 are distributed in the hospital area 200, preferably in a manner so that the effective range of each master node either overlaps or is contiguous with that of another master node. Thus, FIG. 5 illustrates an example of a hospital area 200 having M master node locations 202, 204, 206. The circles around each master node represent the effective range of wireless communication with the master node. . . . Referring to FIG. 5, if a patient's location 210 is within the range of a first master node 202, the first master node 202 can detect the presence of the patient because of the patient's identification appliance 100. If the patient moves out of range of the first master node and into the range of a second master node 204, the second master node 204 handles the communications with the improved identification appliance 100 of the patient. Hence, a system having multiple master nodes is capable of tracking and maintaining communications with an improved identification appliance 100. See, Beigel et al., [0039].

The § 102 Rejection

Applicants respectfully submit that the rejection of claims 1-12 and 15-20 is not supported.

Claim 1 is directed to tracking method for tracking a local wireless device in a medical facility having a medical facility network, the tracking method comprising: detecting the local wireless device, which is not connected with the medical facility network, based on local wireless communication between the local wireless device and at least one nearby network device that is connected with the medical facility network; and estimating a location of the local wireless device within the medical facility based on the local wireless communication and information indicative of a location of the at least one nearby network device.

Applicants respectfully submit that Beigel et al. does not teach or suggest all of the claim limitations of claim 1. As noted above, Beigel et al. discloses using a system of multiple master nodes for zone location and that if a patient's location 210 is within the range of a first master node 202, the first master node 202 can detect the presence of the patient because of the patient's identification appliance 100. Accordingly, Beigel et al. does not teach or suggest detecting the local wireless device, which is not connected with the medical facility network, based on local wireless communication between the local wireless device and at least one nearby network device that is connected with the medical facility network as set forth in claim 1. In light of the foregoing, Applicants request reconsideration and withdrawal of the rejection of claim 1.

Claims 2-14 ultimately depend from claim 1. For at least the reasons set forth above in connection with the patentability of claim 1, Applicants submit that claims 2-14 are patentable over the prior art of record.

Claim 15 is directed to a tracking system for tracking a local wireless device in a medical facility having a medical facility network, the tracking system comprising: a means for detecting the local wireless device, which is not connected with the medical facility network, based on local wireless communication between the local wireless device and at least one nearby network device that is connected with the medical facility network; and a means for estimating a location of the local wireless device within the medical facility based on the local wireless communication and information indicative of a location of the at least one nearby network device.

The foregoing discussion with respect to claim 1 can be applied, mutatis mutandis, to claim 15. In light of the foregoing, Applicants request reconsideration and withdrawal of the rejection of claim 15.

Claims 16-21 ultimately depend from claim 15. For at least the reasons set forth above in connection with the patentability of claim 15, Applicants submit that claims 16-21 are patentable over the prior art of record.

Conclusion

Applicants submit that claims 1-21 distinguish patentably and non-obviously over the prior art of record and are in condition for allowance. An early indication of allowability is earnestly solicited.

If any extensions of time are necessary in connection with this paper, Applicants hereby petition for such extension. If any fees are due in connection with this paper, the authorization to charge deposit account 14-1270 for the fees associated therewith is hereby provided.

Respectfully submitted,

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